

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 04708.105838

Box No. I TITLE OF INVENTION

PRODUCT AUTHENTIFICATION SYSTEM FOR PREVENTING DISTRIBUTION OF COUNTERFEITS IN MARKET

Box No. II APPLICANT

 This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

CHIYODA MAINTENANCE CORP.

1632 Minowa, Asahi-mura, Kashima-gun
Ibaragi-ken, Japan 311-1493

Telephone No.

81-291-37-3131

Facsimile No.

81-291-37-3341

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

JP

State (that is, country) of residence:

JP

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

INOUE, Yoshiaki
c/o Chiyoda Maintenance Corp.
1632 Minowa, Asahi-mura, Kashima-gun
Ibaragi-ken, Japan 311-1493

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

JP

State (that is, country) of residence:

JP

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

 Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Telephone No.

Facsimile No.

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

YOSHIKAWA, Yuichi
c/o Chiyoda Maintenance Corp.
1632 Minowa, Asahi-mura, Kashima-gun
Ibaragi-ken, Japan 311-1493

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

JP

State (that is, country) of residence:

JP

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

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This person is:

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Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

DE Germany is not designated for any kind of national protection
 KR Republic of Korea is not designated for any kind of national protection
 RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: regional Office	international application: receiving Office
item (1) 19 February 2003 (19.02.2003)	JP2003-40692	JP		
item (2)				
item (3)				

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items item (1) item (2) item (3) other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor	:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:

Box No. IX CHECK LIST: LANGUAGE OF FILING																																									
<p>This international application contains:</p> <p>(a) In paper form, the following number of sheets:</p> <table> <tr> <td>request (including declaration sheet)</td> <td>4</td> </tr> <tr> <td>description (excluding tables related thereto)</td> <td>22</td> </tr> <tr> <td>claims</td> <td>6</td> </tr> <tr> <td>abstract</td> <td>1</td> </tr> <tr> <td>drawings</td> <td>4</td> </tr> <tr> <td>Sub-total number of sheets</td> <td>37</td> </tr> <tr> <td>sequence listing</td> <td></td> </tr> <tr> <td>tables related thereto</td> <td></td> </tr> <tr> <td>(for both, enter number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</td> <td></td> </tr> <tr> <td>Total number of sheets</td> <td>37</td> </tr> <tr> <td>(b) <input type="checkbox"/> only in computer readable form (Section 601(a)(1))</td> <td></td> </tr> <tr> <td>(i) <input type="checkbox"/> sequence listing</td> <td></td> </tr> <tr> <td>(ii) <input type="checkbox"/> tables related thereto</td> <td></td> </tr> <tr> <td>(c) <input type="checkbox"/> also in computer readable form (Section 601(a)(ii))</td> <td></td> </tr> <tr> <td>(i) <input type="checkbox"/> sequence listing</td> <td></td> </tr> <tr> <td>(ii) <input type="checkbox"/> tables related thereto</td> <td></td> </tr> <tr> <td>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</td> <td></td> </tr> <tr> <td><input type="checkbox"/> sequence listing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> tables related thereto</td> <td></td> </tr> <tr> <td>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</td> <td></td> </tr> </table>		request (including declaration sheet)	4	description (excluding tables related thereto)	22	claims	6	abstract	1	drawings	4	Sub-total number of sheets	37	sequence listing		tables related thereto		(for both, enter number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		Total number of sheets	37	(b) <input type="checkbox"/> only in computer readable form (Section 601(a)(1))		(i) <input type="checkbox"/> sequence listing		(ii) <input type="checkbox"/> tables related thereto		(c) <input type="checkbox"/> also in computer readable form (Section 601(a)(ii))		(i) <input type="checkbox"/> sequence listing		(ii) <input type="checkbox"/> tables related thereto		Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		<input type="checkbox"/> sequence listing		<input type="checkbox"/> tables related thereto		(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)	
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<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <table> <tr> <td><input checked="" type="checkbox"/> fee calculation sheet</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/> original separate power of attorney</td> <td></td> </tr> <tr> <td><input type="checkbox"/> original general power of attorney</td> <td></td> </tr> <tr> <td><input type="checkbox"/> copy of general power of attorney; reference number, if any</td> <td></td> </tr> <tr> <td><input type="checkbox"/> statement explaining lack of signature</td> <td></td> </tr> <tr> <td><input type="checkbox"/> priority document(s) identified in Box No. VI as item(s)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> translation of international application into (language)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</td> <td></td> </tr> <tr> <td><input type="checkbox"/> sequence listing in computer readable form (Indicate type and number of carriers)</td> <td></td> </tr> <tr> <td>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13 or reply (and not as part of the international application)</td> <td></td> </tr> <tr> <td>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13 or</td> <td></td> </tr> <tr> <td>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column</td> <td></td> </tr> <tr> <td>10. <input type="checkbox"/> tables in computer readable form related to sequence listing (Indicate type and number of carriers)</td> <td></td> </tr> <tr> <td>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 602(b-quarter) only (and not as part of the international application)</td> <td></td> </tr> <tr> <td>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 602(b-quarter)</td> <td></td> </tr> <tr> <td>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</td> <td></td> </tr> <tr> <td>11. <input checked="" type="checkbox"/> other (specify): Check box US\$ 3004</td> <td>1</td> </tr> </table>		<input checked="" type="checkbox"/> fee calculation sheet	1	<input type="checkbox"/> original separate power of attorney		<input type="checkbox"/> original general power of attorney		<input type="checkbox"/> copy of general power of attorney; reference number, if any		<input type="checkbox"/> statement explaining lack of signature		<input type="checkbox"/> priority document(s) identified in Box No. VI as item(s)		<input type="checkbox"/> translation of international application into (language)		<input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		<input type="checkbox"/> sequence listing in computer readable form (Indicate type and number of carriers)		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13 or reply (and not as part of the international application)		(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13 or		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column		10. <input type="checkbox"/> tables in computer readable form related to sequence listing (Indicate type and number of carriers)		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 602(b-quarter) only (and not as part of the international application)		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 602(b-quarter)		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column		11. <input checked="" type="checkbox"/> other (specify): Check box US\$ 3004	1						
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Figures of the drawings which should accompany the abstract:	1																																								
Language of filing of the international application:	English																																								
<p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE <i>Note to each signature: Indicate the name of the person signing and the capacity in which the person signs if such capacity is not obvious from reading the request.</i></p> <p><i>Yoshiaki Inoue</i></p>																																									

For receiving Office use only	
1. Date of actual receipt of the purposed international application:	2. Drawings:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purposed international application:	<input type="checkbox"/> received: <input type="checkbox"/> not received:
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only	
Date of receipt of the record copy by the International Bureau:	

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

Applicant's or agent's file reference	04708.105838	International Application No.
Applicant		Date stamp of the receiving Office
CHIYODA MAINTENANCE CORP., et al.		
CALCULATION OF PRESCRIBED FEES		
1. TRANSMITTAL FEE US\$ 74 T		
2. SEARCH FEE 1818 S		
International search to be carried out by <u>EP</u> (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)		
3. INTERNATIONAL FILING FEE		
Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 37 Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }		
<p><input type="checkbox"/> i1 first 30 sheets 1035 i1</p> <p><input type="checkbox"/> i2 <u>7</u> number of sheets in excess of 30 x <u>11</u> fee per sheet = <u>77</u> i2</p> <p><input type="checkbox"/> i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)): <u>400</u> x _____ = <u>_____</u> i3</p> <p>Add amounts entered at i1, i2 and i3 and enter total at I 1112 I</p> <p>(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)</p>		
4. FEE FOR PRIORITY DOCUMENT (if applicable) P		
5. TOTAL FEES PAYABLE TOTAL US\$ 3004		
Add amounts entered at T, S, I and P, and enter total in the TOTAL box		
MODE OF PAYMENT		
<input type="checkbox"/> authorization to charge deposit account (see below) <input type="checkbox"/> postal money order <input type="checkbox"/> cash <input type="checkbox"/> coupons <input checked="" type="checkbox"/> cheque <input type="checkbox"/> bank draft <input type="checkbox"/> revenue stamps <input type="checkbox"/> other (specify): _____		
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices)		
<input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. <input type="checkbox"/> Authorization to charge the fee for priority document.		
Receiving Office: RO/ _____		Deposit Account No.: _____
Date: _____		Name: _____
Signature: _____		